

**CRITERIA FOR PRIOR AUTHORIZATION**

Alpha Interferon

**PROVIDER GROUP**      Pharmacy  
Professional

**MANUAL GUIDELINES**      The following drug requires prior authorization:  
Peginterferon alfa-2a (Pegasys®)

**CRITERIA FOR CHRONIC HEPATITIS B** Must meet all of the following:

- Patient must have a diagnosis of chronic hepatitis B
- Patient must have been serum HBsAg positive for at least 6 months
- Patient must have evidence of HBV replication defined as one of the following
  - HBeAg positive patients – HBV DNA level >20,000 IU/mL
  - HBeAg negative patients – HBV DNA level ≥2,000 IU/mL
- Patient must have evidence of active liver disease demonstrated by one of the following
  - persistent elevation in serum ALT (≥2 times upper limits of normal)
  - moderate to severe hepatitis or fibrosis on biopsy
  - evidence of icteric ALT flare ups
- Must be prescribed by or in consultation with a gastroenterologist, hepatologist, or infectious disease specialist
- Patient must be 18 years of age or older
- Patient must not have decompensated liver disease
- Patient has not previously completed a full course of therapy with interferon or peginterferon

**LENGTH OF APPROVAL FOR CHRONIC HEPATITIS B**      48 weeks

**CRITERIA FOR INITIAL APPROVAL FOR CHRONIC HEPATITIS C (DOES NOT APPLY TO PATIENTS USING TRIPLE THERAPY)**

Must meet all of the following:

- Patient must have a diagnosis of chronic hepatitis C
- Must be prescribed by or in consultation with a gastroenterologist, hepatologist, or infectious disease specialist
- Patient must be 5 years of age or older
- Patient has a detectable hepatitis C viral level (HCV RNA) in the serum
- Patient is positive for HCV antibodies
- Patient must not have decompensated liver disease
- Must be taken in combination with ribavirin unless patient has a contraindication or intolerance to ribavirin therapy
- Patient has not been previously treated with interferon alfa

**RENEWAL CRITERIA FOR CHRONIC HEPATITIS C** Must meet all of the following:

- Patient must have an undetectable HCV-RNA at week 24

**LENGTH OF APPROVAL FOR CHRONIC HEPATITIS C** 24 weeks (up to 48 weeks of total therapy)

**WHEN USED WITH TRIPLE THERAPY PATIENT MUST MEET CRITERIA FOR PROTEASE INHIBITOR FOR APPROVAL OF PEGASYS**